

Cambodia IHP Progress Review: Contribution to a Briefing Document for the IHP+ Ministerial Meeting 4-5 February 2009

Cambodia was one of the original signatories to the IHP Global Compact in September 2007. The country entered this partnership with already a substantial history of Government – Development Partner collaboration and a commitment to harmonization and alignment in ensuring aid effectiveness.

As an OECD/DAC pilot country, the Royal Government of Cambodia (RGC) and Development Partners (DPs) signed a Declaration on Harmonization and Alignment in 2004, and further elaborated this in 2006 with a 5-year Action Plan on Harmonization, Alignment, and Results. The substrate on which these agreements work is the National Strategic Development Plan (2006-2010), which consolidates a Poverty Reduction Strategy Paper, Socio-Economic Development Plan, and Cambodia-specific Millennium Development Goals. Among supporting documents and reports at Government-wide level are the Cambodia Declaration on Enhancing Aid Effectiveness (2006); the Cambodia Aid Effectiveness Report (2008); Developing Health Sector Capacity in Cambodia - The Contribution of Technical Cooperation (2008); and numerous others.

To implement Government-DP agreements, the RGC established Technical Working Groups in 18 sectors or technical areas for RGC-DP collaboration. The TWG for Health (TWGH) built on an already-established Coordinating Committee. Within the Government-wide structure, the TWGH has met monthly, bringing together about 80 senior Ministry of Health (MoH) officials, representatives of multilateral and bilateral agencies, and civil society, under the chairmanship of the Minister of Health, co-chaired by a Lead Donor Facilitator. Health partners also meet monthly to facilitate harmonization.

A sub-group of the TWGH, the TWGH Secretariat, meets monthly, and is also chaired by the Minister or his designate, and co-chaired by the Lead Donor Facilitator. The TWGH Secretariat comprises both RGC and health partners, and includes about 8 key MoH staff, and (on a rotating basis) a representative of multilateral agencies, bilateral agencies, and civil society. The function of the TWGH Secretariat is coordinated by the MoH Department of International Cooperation, itself established in 2007 to facilitate collaboration between MoH and DPs. This existing body, the TWGH Secretariat, was designated as the Country Health Sector Team for the IHP.

In health, in addition to these established mechanisms, some core agreements and documents for harmonization and alignment include:

- Second Health Strategic Plan, 2008-2015 (HSP2, the core document around which health partners have agreed to align)
- Annual Operational Plan (AOP)
- 3-Year Rolling Plan (3YRP)
- Second Health Sector Support Program, 2008 (HSSP2, a formal agreement between MoH/RGC and 7 major health partners for joint management and support and, in some cases, pooling of funds).
- Joint Partnership Arrangement, signed December 18th, 2008 (a formal agreement among the 7 HSSP2 partners and MoH, with Ministry of Economy and Finance as witness).

The Ministry of Health has ensured collaboration and facilitated harmonization and alignment by providing a consultative process in the development of the HSP2, and through joint work to develop the AOPs and 3YRPs, including a Joint Annual Plan Appraisal and a Joint Annual Performance Review, each of which include health partners and representatives of civil society and NGOs.

Because these processes, structures, and agreements existed or were in progress, the MoH has not considered that a separate Cambodia IHP Compact was necessary, but instead has proposed a "national equivalent" based on the above formal agreements and processes. One additional piece currently under strong consideration is a Partnership Principles document, to engage formally (close informal collaboration already exists) the health partners who are not among the 7 signatories to the Joint Partnership Arrangement in support of the HSSP2.

Recent Progress

Over the past year, IHP seed money provided to Cambodia has been used to develop reports and action plans, and to engage consultants for specific tasks in Government-DP collaboration, including for activities funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, a major contributor to the health sector in Cambodia (and an IHP signatory). More recently Cambodia has put forward an 18-month workplan for IHP-related activities, with major implementation responsibilities among Ministry of Health departments, bilateral and multilateral health partners, and significantly, with about one-third of the funding going to civil society activities coordinated by Cambodia's umbrella NGO agency, MEDiCAM. These activities are now in early stages of implementation, and are expected to strengthen existing harmonization and alignment structures and to address some key areas of concern in ensuring collaboration.

The MoH has recently designated an IHP Core Group of 4 senior staff, drawn from among the MoH members of the TWGH Secretariat, who may be expected to assume responsibility, from the Government side, for facilitating dialogue and overseeing implementation of the MoH elements of the IHP workplan, in conjunction with, from the DP side, the 4 health partner members of the TWGH Secretariat (the Lead Donor Facilitator, and the representatives of the multilateral, bilateral, and civil society constituencies).

The Joint Annual Plan Appraisal is a recent development, and intends to better link annual plans with expected funding, both from Government and donors.

Challenges

Although the structures and collaboration mechanisms are in place, there are of course many challenges in ensuring optimum aid effectiveness. These include improved predictability of aid, further strengthening national institutions in health such as those responsible for financial management and procurement, and better aligning external aid to national priorities given the verticality of many of the major aid donors. A key development in Cambodia, now evolving, is the Government-wide initiative for decentralization and deconcentration. Much will be expected of limited human resources at provincial and district level, and Government and Development Partners will need to collaborate closely in this process. In particular, this means translating aid effectiveness to health systems strengthening at all levels of the health system.

Cambodia has been a substantial beneficiary of support from Global Health Partnerships, including GFATM, GAVI, and Health Metrics Network. These donors are key contributors to the health sector but, being non-resident, are not able to participate in the day-to-day discussion.

Although Cambodia has set a good example in providing a "seat at the table" for civil society and has maintained channels of communication and collaboration, the NGO/civil society sector is large and multi-faceted, and continued attention is needed to ensure that civil society has an effective voice.

Partners in Cambodia – in Government, among development partners, and in civil society – have an optimistic vision for increasing harmonization and alignment, and for further implementing the principles of IHP by building the strongest possible health sector.